

A \$5.00 non-fundable fee MUST accompany this form. Check or money order only.

1. Name _____
Last First Middle Other name(s) used on records _____
2. Legal Address _____ Social Security No. ____-____-_____
Number Street Apt. No.
City State Zip Code
3. Primary Telephone Number: _____ E-mail Address: _____
4. ☐ Male ☐ Female Date of Birth _____ Birthplace _____
City, State/Country
5. Application for: ☐ Basic RN Program: Fall 2016 entry
Preferred Clinical Site: ☐ Los Angeles ☐ Olive View/Sylmar
☐ LVN Advanced Placement Option I Summer 2016
☐ LVN Advanced Placement Option II Summer 2016
☐ Transfer/Advanced Placement: Fall 2016
6. Have you applied previously to this program? ☐ Yes ☐ No If yes, date _____
7. U.S. Citizen: ☐ Yes ☐ No Permanent Resident: ☐ Yes ☐ No Alien ID #: _____
8. Educational Background (list all colleges attended): _____

<i>Education</i>	<i>Name and Location of Institution</i>	<i>Mo/Y Attendance from to</i>	<i>Degree Received and Date of Graduation</i>
High School			
College/University			
College/University			
College/University			
College/University			
Other			

9. Have you ever been a student in a health-related program? ☐ Yes ☐ No
- Please Specify: ☐ RN ☐ LVN ☐ LPT ☐ Other_____
- If yes, Name of School _____ Location_____
- Date of Entrance _____ Date of Leaving _____
10. How did you learn about this program? _____
11. RN licensure may be denied for crimes or acts which are substantially related to the practice of nursing. If you have been convicted of a crime, please contact the California Board of Registered Nursing prior to applying to this program.

(OVER)

12. Complete the information about the prerequisite requirements:

Course	Yes	No	Grade	Year Completed	College Where Course Completed
Anatomy & Lab					
Physiology & Lab					
Microbiology & Lab					
English 101					
Lifespan Psychology					
FOR LVN-RN Only Sociology I					

Additional Information

*1. Veteran: ☐ Yes ☐ No

*2. List work experience you have had in the last 5 years. Begin with the most recent experience.

Position	Employers Names and Locations	Full Time	Part Time	From Mo Yr	To Mo Yr

*3. List health-related volunteer work _____

Your response to questions marked with an asterisk () will be used to provide information on college programs and services and/or for research and statistical purposes. This information will not be used to accept nor deny admission to the school or any of its programs.

4. The nursing program exists to serve the community. Please complete the following information. This information will be confidential and will not be used to make a decision about your application.

Ethnic Identity:

If you are Hispanic or Latino please check appropriate box

- ☐ Mexican, Mexican/American, Chicano ☐ Central American
☐ South American ☐ Hispanic, Other

If not Hispanic or Latino, please check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian, Laotian | <input type="checkbox"/> Pacific Islander, Guamanian |
| <input type="checkbox"/> Asian, Bangladeshi | <input type="checkbox"/> Asian, Malaysian | <input type="checkbox"/> Pacific Islander, Hawaiian |
| <input type="checkbox"/> Asian, Cambodian | <input type="checkbox"/> Asian, Other | <input type="checkbox"/> Pacific Islander, Other |
| <input type="checkbox"/> Asian, Chinese | <input type="checkbox"/> Asian, Pakistani | <input type="checkbox"/> Pacific Islander, Samoan |
| <input type="checkbox"/> Asian, Filipino | <input type="checkbox"/> Asian, Sri Lankan | <input type="checkbox"/> Pacific Islander, Tongan |
| <input type="checkbox"/> Asian, Hmong | <input type="checkbox"/> Asian, Taiwanese | <input type="checkbox"/> Race and Ethnicity Unknown |
| <input type="checkbox"/> Asian, Indian | <input type="checkbox"/> Asian, Thai | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Asian, Indonesian | <input type="checkbox"/> Asian, Vietnamese | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian, Japanese | <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Asian, Korean | | |

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge or belief. I understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to admission or I may be subject to dismissal by the Los Angeles County College of Nursing and Allied Health.

Signature _____
Revised: 11/16/15 lv

Date _____